

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :		TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR <i>(Name)</i> :			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO <div><input type="checkbox"/> 351 North Arrowhead Avenue, San Bernardino, CA 92415-0210</div> <div><input type="checkbox"/> 8303 Haven Avenue, Rancho Cucamonga, CA 91730</div> <div><input type="checkbox"/> 14455 Civic Drive, Victorville, CA 92392</div> <div><input type="checkbox"/> 235 East Mountain View, Barstow, CA 92311</div> <div><input type="checkbox"/> 6527 White Feather Road, Star Route 1, Box 60, Joshua Tree, CA 92252</div> <div><input type="checkbox"/> 216 Brookside Avenue, Redlands, CA 92373</div> <div><input type="checkbox"/> 17780 Arrow Highway, Fontana, CA 92335</div> <div><input type="checkbox"/> 13260 Central Avenue, Chino, CA 91710</div>			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
ORDER FOR INSTALLMENT PAYMENT OF COURT FEES OR COSTS			CASE NUMBER:

1. The application for waiver of court fees or costs filed:

a. on:

b. by:

HAS BEEN DENIED, but applicant is granted permission to pay same on installments, as follows:

☐ c. The applicant is ordered to pay filing fees or costs in the amount of \$_____

☐ payable at the rate of _____ on the _____ and _____ on the _____

days of each month, commencing _____.

☐ d. Other orders: _____

2. All payments shall be payable to the San Bernardino County Central Collections, 157 West Fifth Street, 3rd Floor, San Bernardino, CA 92415.

If any two payments are not paid when due, the entire unpaid balance shall become due and payable immediately.

3. Applicant's complete address is: _____

4. Applicant's date of birth is: _____.

5. Applicant's Social Security Number is: _____.

6. The Clerk of the Court is directed to mail a copy of this Order to the applicant, or the applicant's attorney, if any.

Dated _____

Signature of Judge

ACIS Code
37362(01)

*DISTRIBUTION: Original - File
Copy - Administration
Copy - Central Collections*

<div>Case Number:</div> <div>PLAINTIFF (Name) :</div> <div>DEFENDANT (Name):</div>
--

Page 2

ORDER FOR INSTALLMENT PAYMENT OF FILING FEES

CLERK'S CERTIFICATION OF MAILING

I certify that I am not a party to this cause and that a copy of the foregoing was mailed first class, postage prepaid in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): _____, California ,

on (date): _____ Clerk, by _____
(Deputy)

<div>CLERK'S CERTIFICATION</div>	
<div>(SEAL)</div> <div></div>	<div>I certify that the foregoing is a true copy of the original on file in my office.</div> <div>Dated: _____ Clerk, by _____ (Deputy)</div>